

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
MEMORY-0034-B

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USING OF (+)-ISOPROPYL 2-METHOXYETHYL 4-(2-CHLORO-3-CYANO-PHENYL)-1,4-DIHYDRO-2,6-DYMETHYL-PYRIDINE-3,5-DICARBOXYLATE IN THE TREATMENT OF MEMORY DISORDERS

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).
- ☒ was filed as PCT international application
Number PCT/US2004/038624
on November 19, 2004,
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Telephone No.
703/243-6333

Direct Telephone Calls to:
Brion P. Heaney

Combined Declaration for Patent Application and Power of Attorney (Continued)

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	RESIDENCE & CITIZENSHIP	CITY Madison	STATE OR FOREIGN COUNTRY Connecticut	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 205 Wildwood Avenue	CITY Madison	STATE & ZIP CODE/COUNTRY Connecticut, 06443, USA
202	FULL NAME OF INVENTOR	FAMILY NAME DE VIVO	FIRST GIVEN NAME Michael	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE OR FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 386 Columbus Avenue Apt. 1B	CITY New York	STATE & ZIP CODE/COUNTRY New York, 10024, USA
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	RESIDENCE & CITIZENSHIP	CITY Guilford	STATE OR FOREIGN COUNTRY Connecticut	COUNTRY OF CITIZENSHIP USA
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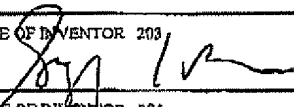
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